a Trauma Centre which is at the planning stage.

(c) Most large State hospitals have facilities for emergency and trauma care. The Chandigarh Administration, Hima-chal Pradesh, Manipur and Tamil Nadu have reported that facilities are available in their hospitals and health centres to extend immediate care to trauma victims.

Success of population control Measures

1742. DR. KARAN SINGH: Will the PRIME MINISTER be pleased to state:

(a) whether it is a fact that population control measures, by and large, have not been successful in many States, except Tamil Nadu and Kerala;

(b) whether it is a fact that the present incentives are not enough to attract couples to adopt small family norm; and

(c) what additional steps Government would take to provide attractive incentives to the couples to adopt small family norm?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) For the country as a whole population indicators have shown notable improvement since 1951. Comparison of the 1951-61 decade and 1995 shows that the birth rate has declined from 41.7 to 28.3. infant mortality rate from 146 to 74, death rate from 22.8 to 9, fertility rate from 5.97 to 3.5 (1993). Family Welfare Programme is estimated to have averted 21.2 crore births so far. However, progress in individual States has been uneven. As per the latest information available, Kerala, Tamil Nadu and Goa have achieved the goal of Total Fertility Rate of 2.1. while Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh were having Total Fertility Rate of more than 4.0. in 1993. The States of Andhra Pradesh, Karnataka, Maharasth-ra and Himachal Pradesh had total Fertility Rate of less than 3.0 in the same year.

(b) and (c) In view of the ineffectiveness of individual incentives in the long run, the distortions they cause in the choice *oi* people and the astronimical sums of money that would be required for any meaningful incentive scheme, it is not proposed to provide any additonal individual incentives for adoption of the small family norm. However, it is planned to initiate a substantially large scheme of community incentive in the IX Plan , in adequate resources become available for it.

Implementation of Family Welfare Programme

1743. DR. B.B. DUTTA: Will the PRIME MINISTER be pleased to state:

(a) whether it is a fact that, the Family Welfare Programme is being implemented all over the coutry on the basis of "Target Free Approach" and no targacts have been fixed in repsect of the four family planning methods;

(b) if so, the details thereof;

(c) the achievements made in regard to family planning during 1996-97 in relation to the corresponding period of last year; and

(d) the technical and financial assistance received from various international organisations for the family welfare programme during the last five years?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) Yes, Sir. National Family Welfare Programme is being implemented in the country on Target Free Approach w.e.f. 1st Appril, 1996. The system of setting centrally determined targets for family planning has been replaced by decentarlised participatory planning at the grass root level with emphasis on quality of services and quality of care.